

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09/672289	FILING DATE			
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						51				
2		1					52				
3		2					53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8	1						58				
9	1						59				
10	1						60				
11	1						61				
12							62				
13							63				
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41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	5	↓		↓		↓	TOTAL IND.		↓		↓
TOTAL DEP.	7	←		←		←	TOTAL DEP.		←		←
TOTAL CLAIMS	12						TOTAL CLAIMS				